(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

PLEASE PRINT

... James Kokoszvna

NEW HAMPSHIRE DEPARTMENT OF STATE

(Mame of portnership, 6	rm or corporation)				
c/o 28 Liberty Ship Way, Suite 2815		) (	CA	94965	
Business Address (Street)	(Town/City)	(S	late)	(Zip Code)	
415 903-2800	(415)610-7604	a-mail	e-mail allergan@politicomlaw.com		
(Telephone)	(Fax)				
<ol> <li>This statement covers: (Choose of the control of the</li></ol>	h are not attributable to	any one client).			
Allergan USA, Inc.					
(Full Name of C	ient as it appears on the Lob	byist Registration F	orm)		
<u>OR</u>					
All reportable transactions by the lounrelated to any particular client.	bbyist (including the lobb	yist's family), or t	he lobbying (	irm listed below which are	
Date of Report April 26, 2017 orts cover: activity from date of registration to 3/31/17		July 26, 20 activity from 4/1/	17 (0 6/30/17		
October 25, 20 activity from 7/1/1		January 3 activity from 10/1		7	
V. There have been no fees receiv If this box is checked, complete just this Concord, NH 03301.	ed and no reportable s form and submit it to the	transactions ma Secretary of Stot	ade since the e's Office, Sta	: last report. 🗸 the House, Room 204.	
VI. Check if additional reports are a	ttached:				
If you have received fees or made	expenditures, you must fi				
<ul> <li>If you have paid un honorarium or Expense Reimbursement</li> </ul>					
	as made political contribu	tions, you must fi	le Addendun	C- Political Contribution	
☐ If you, your firm, or your family h	•				
∃ If you, your firm, or your family h					
	obbyist 14-C and RSA 664 and he	reby swear or affi	irm that the fo	regoing information is true	
☐ If you, your firm, or your family h  Sworn Statement/Affirmation by La 1 have read RSA 15, RSA 15-B, RSA	obbyist 14-C and RSA 664 and he		rm that the fo	regoing information is true	